



### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dale  
Middle Name:: B.  
Family Name:: Schenk  
Name Suffix::  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1542 Los Altos Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94010

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation:: Primary	Representative Number:: 37,505	Representative Name:: Joe Liebeschuetz
Representative Designation:: Primary	Representative Number:: 30,223	Representative Name:: William B. Smith
Representative Designation:: Associate	Representative Number:: 42,397	Representative Name:: Rosemarie L. Celli

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/322,289	05/28/99
09/322,289	Continuation-in-part of	09/201,430	11/30/98
09/201,430	Non-Provisional of	60/080,970	04/07/98
09/201,430	Non-Provisional of	60/067,740	12/02/97

**Assignee Information**

Assignee Name:: Neuralab Limited  
Street of mailing address:: 102 St. James Court  
City of mailing address:: Flatts, Smiths  
State or Province of mailing address::  
Country of mailing address:: Bermuda  
Postal or Zip Code of mailing address:: FL 04